

WAIVER/REMISSION OF INDEBTEDNESS APPLICATION*(If more space is needed, continue on separate sheet(s). Identify each item by number.)**Form Approved
OMB No. 0730-0009
Expires Mar 31, 2002*

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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO: Attn: DFAS-POCT/DE, DEFENSE FINANCE AND ACCOUNTING SERVICE - DENVER, 6760 E. IRVINGTON PL., DENVER, CO 80279-7300.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5584, 10 U.S.C. 2774, 10 U.S.C. 4837, 10 U.S.C. 6161, 10 U.S.C. 9837, 32 U.S.C. 716.

PRINCIPAL PURPOSE: Method by which current or former civilian employees or military members request waiver or remission (for enlisted members) of collection of erroneous payments of pay and allowances, and of travel, transportation, and relocation expenses and allowances.

ROUTINE USE(S): Aside from disclosures within the service or DoD and to the Comptroller General in the course of administering the above statutes, data may be routinely disclosed to the Department of Justice, and to commercial credit agencies whenever a financial status report is requested by the DoD for use in administering the Federal Claims Collection Act. Social Security Number will be used to distinguish you from all other individuals who have sought or may seek remission or waiver.

DISCLOSURE: Voluntary; however, failure to disclose requested data, including your Social Security Number, may prevent consideration of the claim.

1. TYPE OF CLAIM (*X one*) ☐ REMISSION ☒ WAIVER

FOR WAIVERS ONLY: Under 4 C.F.R., authority is provided that this application for waiver shall serve as a request for refund when all or part of the debt has been repaid and all or part of the debt is subsequently waived. However, no refund shall be paid if the claimant cannot reasonably be located within 2 years after the effective date of such a waiver.

SECTION I - CIVILIAN/MILITARY INFORMATION

2. NAME (<i>Last, First, Middle Initial</i>)		3. RANK/GRADE		4. SOCIAL SECURITY NUMBER	
5. AGENCY/SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> OTHER (<i>Specify</i>) <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS		6. STATUS (<i>Provide date (YYYYMMDD) for end of enlistment period (EOE), retirement (DOR), separation (DOS), or service computation date (SCD), as appropriate.</i>) <input type="checkbox"/> ACTIVE EOE: _____ <input type="checkbox"/> SEPARATED DOS: _____ <input type="checkbox"/> GUARD/RESERVE EOE: _____ <input type="checkbox"/> DOD CIVILIAN SCD: _____ <input type="checkbox"/> RETIRED DOR: _____			
7. CURRENT COMPLETE MAILING ADDRESS (<i>Street, City, State, ZIP Code</i>)		8. PLACE OF ASSIGNMENT OR EMPLOYMENT		9. TELEPHONE (<i>Include DSN or area code</i>)	
				a. WORK b. HOME	
10. TYPE OF DEBT OR PAY AND ALLOWANCE ERRONEOUSLY PAID				11. GROSS DEBT AMOUNT	
12. STATE WHEN AND HOW YOU FIRST BECAME AWARE OF DEBT OR ERRONEOUS PAYMENT. (<i>Attach notification, if available.</i>)					
13. IF YOU WERE AWARE OF DEBT OR ERRONEOUS PAYMENT, EXPLAIN THE ACTIONS YOU TOOK TO CORRECT SITUATION.					
14. REASON FOR REQUESTING WAIVER/REMISSION AND WHY YOU FEEL IT SHOULD BE APPROVED (<i>Financial hardship applies ONLY to remission</i>).					
15. DID YOU RECEIVE AND REVIEW YOUR LEAVE AND EARNINGS STATEMENT(S)? <input type="checkbox"/> YES (<i>Attach one LES each for before, during, and after the debt period involved.</i>) <input type="checkbox"/> NO					
16. ATTACH COPIES OF ALL PERTINENT DOCUMENTS. (<i>If not available, please explain.</i>)					
17. HAVE YOU FILED FOR A CORRECTION OF MILITARY RECORDS?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
18. I certify the above statements are true and correct to the best of my knowledge. The information presented may be referred to the appropriate investigating office for verification. I understand the penalty for a false claim is a maximum fine of \$10,000 or a maximum imprisonment of 5 years, or both.					
a. SIGNATURE		b. JOB TITLE		c. DATE SIGNED	

SECTION II - REPORT OF INVESTIGATION

To be completed and signed by appropriate payroll office. (Not applicable for out-of-service military members.)

19. INFORMATION ON DEBT OR ERRONEOUS PAYMENT(S)

a. GROSS AMOUNT	b. TYPE OF PAYMENT	c. DATE OF PAYMENT(S)
d. (X and complete as applicable)		(4) WHEN WAS THE DEBT DISCOVERED?
(1) HAS THE DEBT BEEN VALIDATED?	YES NO	(5) AMOUNT UNCOLLECTED AS OF DATE OF THE COMMANDER'S SIGNATURE: \$
(2) HAS THE DEBT BEEN POSTED TO THE DEBTOR'S RECORDS?		
(3) HAS THE COLLECTION ACTION BEEN SUSPENDED (Remission ONLY)?		

20. A DEBT COMPUTATION MUST ACCOMPANY THIS APPLICATION. It must include dates of erroneous payments, what was paid (broken down by entitlements), what should have been paid, and the difference. The total debt must equal the debt posted to the debtor's record. Indicate any entitlements or credits used to offset the debt. **This application will be returned without action unless the computation is included.**

a. ENTITLEMENT	b. DATE(S)	c. WAS PAID	d. SHOULD HAVE BEEN PAID	e. DIFFERENCE

21. DETAILED STATEMENT OF HOW AND WHY ERROR OCCURRED.

22. IS THERE ANY INDICATION OF FRAUD, MISREPRESENTATION, FAULT, OR LACK OF GOOD FAITH ON THE PART OF THE CLAIMANT?

<input type="checkbox"/> YES (Explain)	<input type="checkbox"/> NO
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23. STATEMENT AS TO WHETHER OR NOT THE CLAIMANT KNEW OR SHOULD HAVE BEEN AWARE OF RECEIVING AN ERRONEOUS PAYMENT. (Furnish facts and circumstances to support answer, state whether claimant received documents, and provide copies, if available. Use a separate sheet of paper if additional space is required.)

24. REMARKS (Attach a separate sheet of paper.)

25. DOES CLAIMANT REQUEST SUSPENSION OF DEBT COLLECTION PENDING DETERMINATION?

<input type="checkbox"/> YES (Contact DFAS-POCT/DE for authorization to suspend, if applicable.)	<input type="checkbox"/> NO
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26. RECOMMENDATION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> PARTIAL \$	<input type="checkbox"/> DENIED
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27. DESIGNATED FINANCIAL AGENT

a. SIGNATURE	b. TITLE	c. DATE SIGNED
28a. COMPLETE UNIT MAILING ADDRESS		29a. POINT OF CONTACT NAME
b. FAX NUMBER		b. TELEPHONE (DSN)
		c. ADSN/DSSN/UIC

ARMY/NAVY/MARINE CORPS USE ONLY

30. COMMANDER'S ENDORSEMENT (Provide comments on a separate sheet.)

31. RECOMMENDATION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> PARTIAL \$	<input type="checkbox"/> DENIED	COLLECTION RATE \$
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32. SIGNATURE	33. DATE SIGNED
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